

**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF COSMETOLOGY AND HAIRSTYLING**

INSTRUCTIONS FOR REINSTATING

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration, certification and complies with the provisions of N.J.S.A.45: 1-7.2(a),(b),(c) and (d). The necessary application and materials for applying for reinstatement are enclosed.

1. Complete:

- The enclosed application for reinstatement.

2. Enclose:

- Payment of all past delinquent renewal fees and payment of a current renewal fee;*
- Payment of a reinstatement fee; *

*An invoice is enclosed which shows the total amount owed.

- An affidavit of employment listing each job held during the lapsed licensure or certification period. This affidavit of employment must include the names, addresses and telephone numbers of each employer;
- A notarized statement indicating if you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your profession or occupation during this lapsed license period, you must include a description of the type of work or projects that you were involved with; and
- If applicable, satisfactory proof that the applicant has maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license or certificate of registration or certification.

3. Submit to:

Board or Committee Name
Mailing address
Mailing address

Upon review and approval of your reinstatement application, a license or certificate will be issued.

APPLICATION FOR REINSTATEMENT OF NEW JERSEY LICENSE OR CERTIFICATE

Please answer the following questions on the next page.

Side Two - Reinstatement application

Answer all questions from the time period that you were last licensed or certified in New Jersey.

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Have you been convicted of a crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Are there any criminal charges against you now pending?
(Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Has your professional license been revoked or suspended
(whether active <u>or</u> stayed) by any licensing board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Is any action now pending against your professional license
or have you been permitted to surrender or otherwise relinquish
your license to avoid inquiry, investigation or action by any state
licensing board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Applicant's Full Signature

Date

Notary's Full Signature

Date

Notary's Commission Expires On: _____